



z OE í v Elective Course Application

I. Course type and Description

1) Course type (Check all that apply)

- New Faculty-led elective
- New Student-led elective
- Recertification of a Student-led Elective
- Revised submission of new elective

2) Course title:

3) Course description: (for listing in a preclinical electives catalog, 150 words or less)

4) Student Enrollment

- Only first-year students
- Only second-year students
- Only first- and second-year students
- Other

5) Prerequisites List below any prerequisites such as foreign language requirement (e.g., two years of Spanish)

6) Faculty Course leader(s) Faculty Advisor(s) and contact information:

7) Departments involved (if relevant):

8) Studentled Elective/ Student Course Coordinator(s) and Contact information:

9) List the faculty member or student who will be responsible for the overall coordination of the course (planning, implementation, evaluation):

10) Who would benefit from taking the course?

11) What sources of data are you using to identify your needs assessment and learning objectives:

(Check all that apply)

- Focus group
- Survey of target audience
- Requests from students
- Requests from faculty
- Previous program evaluations
- Peer reviewed journal articles
- Observed needs based on M&M, epidemiologic data, national guidelines, ethical issues, societal trends (please specify):
- Other (please describe):

II. Objectives Content and Description

1.) What are the educational goals and objectives for the elective. List all in order of priority 1, 2, 3

2.) What skills do you expect students to develop or deepen? (Check all that apply)

- critical thinking, i.e., diagnostic reasoning
- procedural skills
- communication skills (verbal and written expression)
- clinician competence
- improvement in patient care or performance in practice.
- Other

3) List L

4) Please include a v Ç OE < μ] OE OE • } μ OE • ~ d Æ š } } l • U š • W

5) Total Number of Hours

(A minimum of 1 hour of educational time (can be face-to-face or independent study))

6) Identify the type of instruction: (check all that apply)

8) Evaluation Criteria (e.g., well-written, five page paper utilizing three researches)

9) Describe how you will evaluate the faculty/course?

10) If this is a recertification course application, please attach an evaluation report on the effectiveness of the student-led preclinical elective. Based on the evaluation data, comment on how the course will be revised to improve its effectiveness.

III. Course Logistics

1) Location (Check all that apply)

- On Campus
- Hospital or Clinical Site
- Community physician site
- Community organization site
- Other

2) Class time (hours/week)

of weeks

of Hrs. per week

3) Preferred meeting time:

4) Semester offered:

Fall

Spring

Fall and Spring

Academic year:

ñ Maximum number of students:

ò Minimum number of students:

ó • μ P š Œ Ç Œ ‹ μ] Œ u v š • ~] (%o %o o] o • W

ô • K š Z Œ Œ ‹ μ] Œ u v š • W

Signatures:

Faculty Course Advisor(s)

Student Course Coordinator (s)